

## PORTABILITY REQUEST

TENANT INFORMATION	
Tenant's Name	PHONE NUMBER
A	D I
Address	DATE I WOULD LIKE TO MOVE:
REASON I AM REQUESTING PORTABILITY:	•
I request portability to the following location: (Please and provide the name, address and telephone number	
HOUSING AUTHORITY INFORMATION	
HOUSING AUTHORITY	
Address	
CITY/STATE/ZIP	
PHONE NUMBER	
Are you enrolled in the Family Self Sufficiency (FSS)	) Program? □ Yes □ No
Tenant Signature	Date
For Offic	ce Use Only
oucher Expiration Date: Le	ease Contract Termination Date:
Regulatory Portability (Out of State)	
Statutory Portability (In State)	Record of Verbal Contact to Receiving PHA:
Letter of Conformation, with requested documents	Date of Contact:
sent to receiving PHA.	Name of Person Contacted:
oucher Bedroom Size:	
ousing Specialist Signature:	

## **Current Section 8 Participants**

**Contact your Housing Representative** to let him/her know you want to port out of Chandler. If you do not know who your Representative is, please call (480) 782-3200 to find out.

Fill out the Request for Portability form and give it to your Representative. Your Representative will use this form to prepare your portability packet.

Give your Representative current income information. This includes income and asset from every source for each household member.

**Transfer your paperwork:** Once your paperwork is complete your packet will be ready for mailing to your new Housing Authority. If you plan to deliver it, check with your new Housing Authority first to find out if they accept hand-carried packets and make sure you do not open your packet before giving it to them.

## Your portability packet will be ready within 7-14 business days.

**NOTE:** Housing Authorities often have different Income Limits, Payment Standards and Subsidy Standards (the number of bedrooms you qualify for). Always verify this information when you move to a new Housing Authority.